



☞ ***A copy of the current HCD Title Report must accompany this request.*** ☜

TAX CLEARANCE CERTIFICATE REQUEST

Date _____

ESCROW NO. & CLOSING DATE	
SERIAL NUMBER(S)	
DECAL OR LICENSE NUMBER(S)	
LOCATION OF MOBILEHOME	
ASSESSMENT NUMBER	
CURRENT OWNER (NAME & ADDRESS)	
NEW OWNER (NAME & ADDRESS) Is this transfer solely between husband and wife? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a transfer from parents to children or from children to parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PLEASE MAIL COMPLETED CERTIFICATE TO:	
CONTACT PERSON	
PHONE NUMBER	
EMAIL ADDRESS	
FAX NUMBER	

County of San Luis Obispo Government Center